

LOUISIANA OFFICE OF JUVENILE JUSTICE

Assigned Unit
TIMESHEET

EMPLOYEE NAME: (PLEASE PRINT)						FLSA Status				PERSONNEL NUMBER:				PAY PERIOD											
Jane Doe						Exempt Non-Exempt				P00000123				FROM						TO					
														08/20/12						09/02/12					
						Leave Taken								K-Time Earned			Paid Overtime								
						REGULAR	ANNUAL	SICK	HOLIDAY	OTHER	CODE	REG TOTAL	K-time straight rate	K time 1.5 rate	K-Time System Calc	OT Paid straight rate	Paid OT 1.5 rate	Paid OT System Calc	DAILY TOTAL	ON CALL	SHIFT DIFF	COMMENTS (see INSTRUCTIONS)			
	DATE	IN	OUT	IN	OUT		(LA)	(LB)	(LH) (LHDH)	Hours	(see Coding page)		ZA04	ZA05	Z001	ZA02	ZA03	Z002		(0062)	HOURS				
MON	8/20											0.00							0.00						
TUE	8/21											0.00							0.00						
WED	8/22											0.00							0.00						
THU	8/23											0.00							0.00						
FRI	8/24											0.00							0.00						
SAT	8/25											0.00							0.00						
SUN	8/26											0.00							0.00						
MON	8/27											0.00							0.00						
TUE	8/28											0.00							0.00						
WED	8/29											0.00							0.00						
THU	8/30											0.00							0.00						
FRI	8/31											0.00							0.00						
SAT	9/1											0.00							0.00						
SUN	9/2											0.00							0.00						
TOTALS						0.00	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.0				
I certify that the above information is true and correct:													I certify that the above information is true and correct:												
EMPLOYEE SIGNATURE:													SIGNATURE OF IMMEDIATE SUPERVISOR:												
DATE:													DATE:												